

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001015

FILED  
Aug 20, 2008  
Secretary of State

Entity Name: WARRIOR SOFTBALL, INC.

**Current Principal Place of Business:**

1620 S RIFLE RANGE ROAD  
WINTER HAVEN, FL 33881

**New Principal Place of Business:**

1620 S RIFLE RANGE ROAD  
WINTER HAVEN, FL 33880

**Current Mailing Address:**

1620 S RIFLE RANGE ROAD  
WINTER HAVEN, FL 33881

**New Mailing Address:**

1620 S RIFLE RANGE ROAD  
WINTER HAVEN, FL 33880

FEI Number: 26-2765463      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

GUARD, JR., PIERCE J  
4200 SOUTH FLORIDA AVE  
LAKELAND, FL 33813      US

**Name and Address of New Registered Agent:**

TAMMY, JONES M  
3705 AVE J NW  
WINTER HAVEN, FL 33881      US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: TAMMY JONES

08/20/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP      ( ) Delete  
Name: DOWDY, ANTHONY  
Address: 1654 AVE A WEST  
City-St-Zip: WINTER HAVEN, FL 33880

Title: DVP      ( ) Delete  
Name: JONES, TAMMY  
Address: 3705 AVE J NW  
City-St-Zip: WINTER HAVEN, FL 33881

Title: DS      ( ) Delete  
Name: BULLINGTON, LISA  
Address: 109 SHELTON STREET  
City-St-Zip: WINTER HAVEN, FL 33880

Title: DT      ( ) Delete  
Name: VEGA, ELIZABETH  
Address: 216 11TH STREET WEST  
City-St-Zip: WINTER HAVEN, FL 33880

Title: DT      ( ) Delete  
Name: LOREDO, PATRICA  
Address: 129 7TH TERRACE  
City-St-Zip: WINTER HAVEN, FL 33880

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TAMMY JONES

DVP

08/20/2008

Electronic Signature of Signing Officer or Director

Date